

**How Long Does It Take to Get to My First Therapy
Session? Or How Do We Do More With Less and Make a
Difference for the Client-Entering Mental Health Treatment at
Spartanburg Area Mental health Center?**

by

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How Long Does It Take to Get to My First Therapy Session? Or How Do We Do
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Introduction

Spartanburg Area Mental Health Center began providing mental health services to the residents living in Spartanburg County in 1957. Many changes and challenges have occurred in the past 50 years, but the focus of the mental health center continues to center on the recovery of persons with serious and persistent mental illness. There are currently 2,220 adults in Spartanburg County receiving mental health services from Spartanburg Area Mental Health Center.

The National Alliance for Mental Health reports that 10% of the population suffers from mental illness at some point in their lives and one in five adults in America now suffers from a diagnosable mental illness, but only 45% percent ⁽¹⁾ of those receive treatment. Reasons behind this failure to receive services vary but have been identified as too time consuming, a lack of knowledge regarding the appropriate resources, lack of insurance or funding to pay for services, as well as the stigma and lack of family support. The concerns regarding this failure to engage in treatment is reflected by high rates of divorce and joblessness for those persons with mental illness.⁽²⁾ Since four out of ten leading causes for disability in the United States are related to mental illness,⁽³⁾ the need to access mental health treatment with a simple clear system that is “user friendly”, effective and has a positive financial impact is absolutely necessary.

The current recession is having a dramatic impact on the State budget. The mental health system in South Carolina has received a 18.67% budget reduction in the Fiscal Year 2009 budget

with additional cuts of over 6% ⁽⁴⁾ in the current fiscal year. One of the immediate results of the budget shortfall is the inability of the local mental health center to replace staff when an employee leaves or retires, unless the position has been deemed as essential by the central office. With the failure of the state of South Carolina revenue projections to be fulfilled, the Department of Mental Health has requested that the community mental health center prepare a budget which reflects a 15 percent cut from the current budget. It appears the safe assumption would be that no additional staff will be added to the center and a more accurate assessment may be that a reduction in force may be implemented.

When a person is seeking mental health services in the community, the system often appears to have multiple road blocks to finding treatment in a timely manner. According to the Surgeon General of the United States many people who seek mental health are “bewildered by the maze of paths” into treatment services while other are “stymied by the lack of information” concerning where to seek effective and affordable services.⁽⁵⁾ The person may be attempting to access service from referral sources such as a physicians, hospitals, schools, employers or social service agencies. Several of these referral sources in the Spartanburg community were interviewed to assess their impression of entry process into services at Spartanburg Mental Health Center. The consumer’s views of the service entry process were reviewed through consumers’ suggestions, client advocate reviews, surveys and interviews. The internal process review came from staff interviews. Due to the lack of published information on the admission processes into state mental health systems, interviews with intake coordinators from other community mental health centers within the South Carolina Department of Mental were also conducted.

The point of entry for those consumers who need to access mental health services, so that they can begin their journey on the road to recovery, starts with the front window followed by the Intake Department, also known as the Crisis Intervention Services.

Spartanburg Area Mental Health Center has gone through several changes throughout its 50-year history. Changes have included the evolution into multiple departments with specialized services to more effectively provide treatment to its clients. As an attempt to better assess the mental health issues for adult consumers seeking services, the Intake Department was established. For several years in the 1990's the department was serviced by four full time staff members, but by 2001 the number of mental health professionals decreased to three, and by 2008 the department only included two full time staff members. In the past two years, additional staffing coverage came from the Nurse Manager, as supervisor of the department, and from mental health counselors from the Adult Services Outpatient Department. In order to better manage the shortage in staffing in the Intake Department, the Adult Services Outpatient Department began the establishment of a Part II assessment system. The initial clinical assessment was broken into at least a two session process, the first assessment begins after the screening process is completed and includes the client's statement of the current problem, the risk evaluation and the mental status exam. This screening and initial assessment is completed by the intake counselor. The client is then scheduled for the "Part II" with a mental health counselor from of the Adult Services Outpatient Department. By staging the assessment into two sessions, it allowed the Intake Department to screen a larger number of consumers by decreasing the time needed to open a case from the clinical process.

It should be noted that the Intake Department completes a face-to-face mental health screening of all consumers who walk-in to the center free of cost. The billing process does not

begin until the actual clinical assessment is started. There is no back billing of the screening process. The mental health screening process does not address the consumers ability to pay and does not base entry upon insurance, Medicare or Medicaid eligibility, the process focuses on whether or not the consumer meets the criteria for severe and persistent mental illness. Once a consumer has been determined eligible for services the billing process starts. Clients are billed for services based on the current Medicaid contract between the Department of Mental Health and the Department of Health and Human Services, also known as Chapter 200. If clients do not have a payer source, they may request a payment plan or a reduction in fees.

The Intake Process

The process of seeking treatment for a severe and persistent mental illness begins with either a telephone call to the mental health center by the consumer, family member, or referral source or by walking into the facility. (See Appendix A) When the telephone call is received, the operator informs the caller to walk-in Monday through Friday between 8:30 and 3:30, if the caller states they are in crisis, the call is then sent to an intake clinician or if the caller is a hospital liaison with a discharge referral the call is forwarded to the appointment desk. When the consumer walks into the center they are directed to the front-window where they are asked to complete the top section of the screening form and provide identification and insurance information, if available. The identification and insurance cards are given by the front window clerk to another clerical assistant who photocopies the information which is then returned to the clerk who then gives it back to the consumer when they return the screening form. The front window clerk contacts the intake clerical support staff who walks to the front window and picks up the paperwork. The intake worker then places the consumer's name on the list of persons to be screened. The next available intake clinician retrieves the consumer from the front lobby and

proceeds with the screening. If the consumer does not meet the criteria for severe or persistent mental illness, he or she is offered an appropriate referral. If the consumer is not evaluated as being in crisis, but otherwise meets the criteria, the consumer is then scheduled for an appointment, after lab results and any additional treatment information is returned. The intake assistant is given paperwork for data entry. When the client returns for the first assessment, he or she checks in with the front window clerk who contacts the intake staff who then retrieves the client and begins the assessment. The consumer then receives a second appointment with a clinician from the Adult Services Department to return for the completion of the assessment. The client will check-in with the front window clerk for the next appointment and the appropriate clinician is contacted. After the clinician completes the entire assessment, the case is then presented to the treatment team for assignment. The client will then be contacted for the next appointment. Depending upon the assigned clinician schedule, the client may wait a week or two for the next available appointment.

Should the consumer be perceived as being in a mental health crisis, the clinician completes the assessment form and the paperwork is given to the intake assistant who enters the data into the computer, the chart is returned to the clinician. At this time the client (consumer) is evaluated by the on-call physician who determines the need for treatment including voluntary or involuntary hospitalization. If the client is hospitalized they will be given a return appointment through the hospital discharge liaison. If no hospitalization occurs, the client is given a return medical appointment.

The point of entry for the consumer remains through the "front window" and intake processes. If a consumer did not meet the eligibility criteria for treatment, but returns through

another agency referral, hospital discharge, or if their case was closed in the past, the consumer is required to complete the entire entry process from the beginning.

The consumer wait time for the screening process has decreased, on average, to one hour or less in 2008-2009 from a two hour plus wait in the previous year. This was accomplished by the addition of the third intake clinician (the Nurse Manager Supervisor). On any given work day this may change by clinical staff absences. It should be noted that although coverage is attempted when absences are planned, the shortage of Adult Services Clinical staff makes the coverage difficult and sometimes only piece-meal at best. A covering staff member may be able to give a few hours to provide coverage based on their previously scheduled appointments. Another point to remember is that the Adult Services clinical staff are not always updated when portions of the intake process are changed which can contribute to some delays in service provision. When an administrative assistant is absent the coverage may be provided by a person who has not had sufficient training to allow for proper completion of the required tasks.

During the first quarter of 2009 screenings were completed on 693 consumers with 492 consumers referred to other providers and 201 consumers were admitted to the center. The second quarter the 2009 showed the number of screening increased to 795 with 603 referrals to other services and 201 admissions. The last quarter reflected a slight decline, which can be reflected in a decrease of service delivery days due to official office closures, the number of screenings provided was 676 with 503 persons referred to other resources and 173 consumers admitted. The face to face screening process may take any where from 15 minutes to 60 minutes plus. The screening provided by Spartanburg Mental Health Center is provided at no-charge to the consumer. During the year 2009 a total 1,164 screenings were provided by the intake clinical staff and a minimum of 1,164 screening forms were started, identification and insurance

information was copied, releases signed and filed by administrative staff. There are at least four administrative staff members involved with this process. With 566 admissions, the clinical hours to provide a completed clinical assessment ranges from 2 to 3 hours. There are at least two clinical staff involved with the screening and assessment, with the possible contact of the physician in the crisis area the number increases to three. Once the assessment is completed and the client's case is presented to the treatment team, consisting of the Adult Services Staff with up to 18 clinicians providing input into the treatment options available, taking 15 to 30 minutes depending on the complexity of the treatment needs. The total mental health staff to complete the process to have a client to receive their first therapy appointment totals up to 26 hours, with a minimum of 9 staff members involved. The entry and screening process may take up to three to four hours with additional two to three hours for the clinical assessment. The consumer is requested to have labs completed, which take an unknown time frame depending on the lab. The time between the screening and first assessment may vary between two days and a week depending on the intake clinician's schedule. The second assessment appointment is based on the available times for the Adult Services Department clinicians. Most often the time frame is one week, but some wait times are as far out as three weeks. The process for entering into counseling may take from several days to several weeks depending the ability to receive client data from outside sources and the appointment time availability. At this point it is apparent that it will difficult to pin point the causes for the duplications of so many random pieces of the process. The current process is not stable and has too many uncontrolled patterns such as staffing issues, availability of referral information and variations in the number of consumers attempting to gain access to services on a daily basis.

Consumer Input

The most difficult information to gather is from the consumer. (See Appendix B)

Satisfaction surveys are distributed to current clients, family members, and at the time of service discharge, but the consumer who is referred to other sources is not surveyed. A dissatisfied consumer may leave unhappy, write a comment in the consumer suggestion box, contact the client advocate, or contact the state office of the Department of Mental, and occasionally the consumer may contact a political official. When a consumer expresses concern regarding a decision, a client advocate will evaluate the information and will assist them with a therapeutic resolution. Most comments left in the consumer suggestion box are unsigned, but typically state concerns over wait time and, clinical intake staff, both positive and negative.

Referral Input

Spartanburg Area Mental Health Center mails surveys to 62 agencies and private providers in the greater Spartanburg County Area. (See Appendix C) These surveys have a return rate of about forty percent. This past year two agencies expressed some areas of concern including the Department of Social Services and the Office of Probation and Parole. Both offices were contacted and had similar concerns: (1) the need for an appointment system for referral agencies; (2) and a need for understanding the admission criteria.

Interviews were conducted with additional partners in the community including the Charles Lea Center (the Department of Disabilities and Special Needs) Nurse Manager; Spartanburg Drug and Alcohol Commission, Adult Services Director; Spartanburg County Office of

Vocational Rehabilitation, Senior Counselor; Carolina Center for Behavioral Health, Clinical Director; Director of Nursing, Spring Brook Behavioral Health Systems; Magnolia Counseling Associates and, Executive Director, Westgate Family Counseling Center. The areas of concerns that were expressed by both the Charles Lea Center (August 17, 2009) and Spartanburg Drug and Alcohol Commission (August 17, 2009) focused on the admission criteria regarding those consumers who present with a dual diagnosis. During a meeting on September 4, 2009 with the Spartanburg Office of Vocational Rehabilitation concerns centered on the referrals time factor for admission to mental health services from two perspectives: (1) the need to have the referral's diagnosis to meet Vocational Rehabilitation eligibility; and (2) to help the referral to be able to function more effectively in the work setting. On December 1, 2009 a Magnolia Counseling Associates representative stated only limited concerns regarding issues revolving around the release of information process especially with information in therapy notes. During an interview on October 6, 2009 the Executive Director of Westgate Family Counseling Center concerns concentrated on the complete referral process including admission criteria, time to complete the entry process and the legal issues concerning release of information between the two systems.

The two private hospitals that were interviewed expressed similar concerns regarding discharge appointments, inability to contact center due to constant busy lines and problems with information being received promptly by the intake clinician. The Clinical Director from Carolina Center for Behavioral Health (December 7, 2009) comments focus on the coordination from both organizations so as to help the consumer better understand the service delivery process of each system. On October 26, 2009 the Nurse Manager from Spring Brook Behavioral Health System expressed confusion with appointment scheduling for new referrals versus clients

currently open to the mental health center. Additional concerns from her focused on medication issues.

In summary, the major areas of concern were with (1) the referral process between organizations, (2) admission criteria, (3) the length of time to enter treatment, (4) telephone access for appointments, and (5) the sharing of information.

Finding Information

Due to the lack of published information regarding the establishment of the entry into mental health service, the best option was to contact other community mental health centers regarding their intake process. Information was reviewed from center web sites and from touring two centers, Greenville Mental Health and Costal Empire Mental Health. Information was shared by the Acute Adult Services Director from Greenville Mental Health and the Assistant Director and the Clinic Director from Costal Empire. Both centers focused on telephone triage and screening for referring agencies and consumers, where information was entered into a computer data base which could be assessed by administrative or clinical staff. This provided quick availability of information and a method in which to update information as necessary. Each center managed staffing differently. At each center, the front window is the first point of physical entry, at Greenville Mental Health, the front window administrative assistant helps with processing basic information regarding copying of identification signing consent forms. The intake department is staffed with three clinical staff members who alternate days to handle triage telephone calls, manage walk-ins and evaluate scheduled appointments. The assessment is completed by only one clinician and taken to the treatment team the following day for therapist assignment. The local referring agencies and hospitals are aware of the appointment system and assist their

consumers with scheduling services. Most paper work is completed by clinical staff through the electric medical record system.

At Costal Empire Mental Health Center, the Adult Services Staff rotates through the intake process, it is not viewed as a separate department. Similar to Greenville Mental Health Center, the appointment system is well established. Telephone triage and screening is the main entry point for Costal Empire Mental Health. Staff rotates a half day per week to answer telephone calls and appointments are scheduled by this clinician based on the consumers need. If the consumer is in crisis, they are scheduled with that staff member during the same afternoon. Clients who are screened and have emergent needs are given appointments on Wednesdays. Two clinicians are assigned to provide assessments on Wednesdays. Those consumers who meet the criteria for admission are scheduled with that clinician during a five day time frame. Because of the electronic medical record, the clinician is able to enter most of the essential information themselves. Administrative support is available to assist the consumer with billing and payment issues.

Recommendations

The weakest links in the entry to services stems from several issues that are both external and internal. The external issues center from communication issues between the organizations regarding admission criteria and referral needs. If a more defined admission criteria was established, clearer communication could be established at various levels of the process, including the client and family, the referral source and with clinical staff. The internal issues deal with 'the walk-in' process and the need for written paperwork that is often repeated, the

number of appointment times that must be kept in order to complete the process, and shortages in manpower.

It is recommended that a telephone screening system be developed to take all telephone calls regarding assessment services (see Appendix D). The system would utilize a computerized process to provide immediate access to the screening information. The computer process would begin before the establishment of the electronic medical record (EMR) utilizing the existing "shared-drive" system in conjunction with an Access database which can already be accessed by all staff through the center's intranet. The screening tool will be placed on the "shared-drive" where the information would be stored on each consumer minimizing the need for duplication of paper work and collecting statistics including (1) type of contact, telephone or walk-in; (2) kind of contact, screening, assessment, or group; (3) staff providing each contact; (4) date and (5) time. The system could be accessed quickly when updates are necessary. This would be utilized all clinical staff thus reducing the need for repetitive information and paper work. With the use of the database on the "shared-drive" system, the telephone screener should be able to have availability to set appointments with the next available clinical staff member. The required labs could be scheduled and completed by the consumer before the appointment. The consumer would also be provided with all of the information that they will need to have available at their first appointment. When the consumer arrives at the front desk the appointment will have been established therefore minimizing or eliminating wait time. The photo copying could then be handled by the intake staff when the consumer is brought back for the assessment. If a consumer walks in, they would be given a screening appointment from the intake assistant at the time the call is made from the front window staff. This emphasizes the importance of the intake staff having access to the clinical staffs' appointment schedules. If the walk-in consumer is in crisis,

the intake assistant would access all clinical staff schedules to find the first available staff to provide a screening and assessment as warranted. The goal would be to provide services as quickly as possible and to provide a complete assessment for all consumers who are eligible within a seven day time frame. Assessments would be provided in one session, or if a second appointment is needed, it will be scheduled with the same clinical staff member.

After the assessment is complete, the client would be given an appointment for a group session that would be held within a week from the completed assessment. The group session would replace the treatment staffing which would save clinical staff time up to 60 minutes and reduce the number of clinical staff needed to one or at the most two instead of between four to ten clinicians. This group would be provided by a clinical staff member at the same time each week. During this group session the clients would focus on their treatment goals and the services that will be provided at the center in order to help with their recovery. At the end of the group the client would be assigned a therapist based on the goals established and would be given an appointment with their therapist and an appointment with the physician. The entire entry process should be completed in a one to two week timeframe.

To have this process be successful the entire clinical staff would need to embrace the concept and be comfortable with the competencies required to manage telephone screening, including risk assessment, and knowledge of the appropriate referrals within the community. The entire clinical staff must be flexible with changes made to their schedules by others. The administrative staff and clinical staff would require additional training to ensure that all staff provides efficient and effective services. The implementation phase would be estimated at approximately six months (see Implementation Action Items – Table 1).

Implementation Action Items - Table 1

Implementation Item	Implementation Date
Administrative Approval	March 31, 2010
Executive Committee Approval	April 19, 2010
Medical Records Committee of Screening Form Placement in share drive	May 25, 2010
Screening Tool Placement in share-drive	June 4, 2010
Training of current in-take staff and administrative with telephone screening process and use of share-drive screening tool	June 7 – June 18, 2010
Training of Adult Services Clinical Staff with telephone screening process, risk assessments, community referrals	June 21-July 9, 2010
Clinical staff appointment schedule for screening days and assessment days	July 12-July 23, 2010
Test of telephone screening, appointment set-up and group	July 26-August 27, 2010
Review data with all staff; have consumer focus group for input on new process	August 30-September 3, 2010
Update current center brochure and develop information	September 7- September 10, 2010
Begin new process	September 13, 2010
Sent out new brochures with information	September 13-17, 2010
Begin contact with referral agencies, newspaper articles, radio and television interviews	September 20-October 1, 2010
Update Center Website Information	September 20-October 1, 2010
Collect data, review process results to see if system is reducing waiting time to access services, decreasing number of staff needed to complete process, reduce duplicate paperwork	October 4-8, 2010

To have the new entry process be successful, a public relations campaign will be needed in order to provide the consumers and referral sources of Spartanburg County information on the new process. This would be completed through formal presentations to the referral sources, mailing of new brochures detailing access to services and media exposure through local radio, newspaper and television outlets. The community relations coordinator would make appearances on local radio and television talk programs and provide informational articles to the local newspapers. The redesign of the mental health center's website would provide information on the assessment process, our current services and programs and establish links to community resources.

Spartanburg Area Mental Health Center is currently scheduled to go on line with the electronic mental health record by the end of 2010. The EMR system will allow information to be available to all staff without need to find a paper chart. This information will be accessible to the mental health centers throughout the state (with EMR) providing a seamless flow for the client no matter where they reside.

To evaluate the new process, the center will be able to quantify the number of client contacts needed to enter the clinical system by using the "shared-drive" database screening tool. The database screening tool on this site would include (1) screening dates, (2) times and (3) the person completing the tool, and whether it was completed by (4) telephone or as (5) a walk-in contact. The (6) date and (7) time of the first assessment including the (8) staff provider, (9) date of the completed group session and (10) the assigned case manager. A monthly report would be run to analyze the data collected in order to evaluate if (1) the number of walk-in consumers were decreased by adding telephone screenings; (2) there was a reduction in the number of times a client was seen prior to assessment and; (3) if the number of staff members

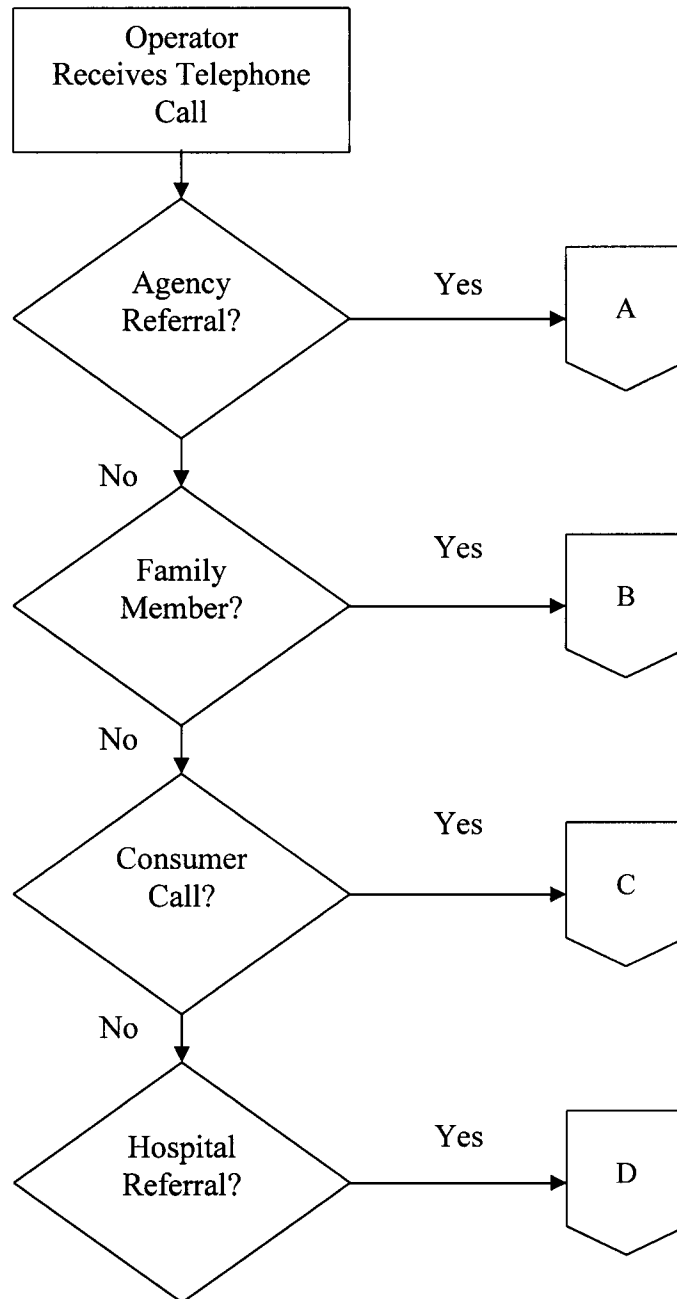
providing services during the entry process decreased . Although the data collection is minimal at this time, when the state wide electronic medical record system (EMR) is implemented at Spartanburg Area Mental Health Center, the identified client data will available through the Client Information System (CIS) to run these reports monthly.

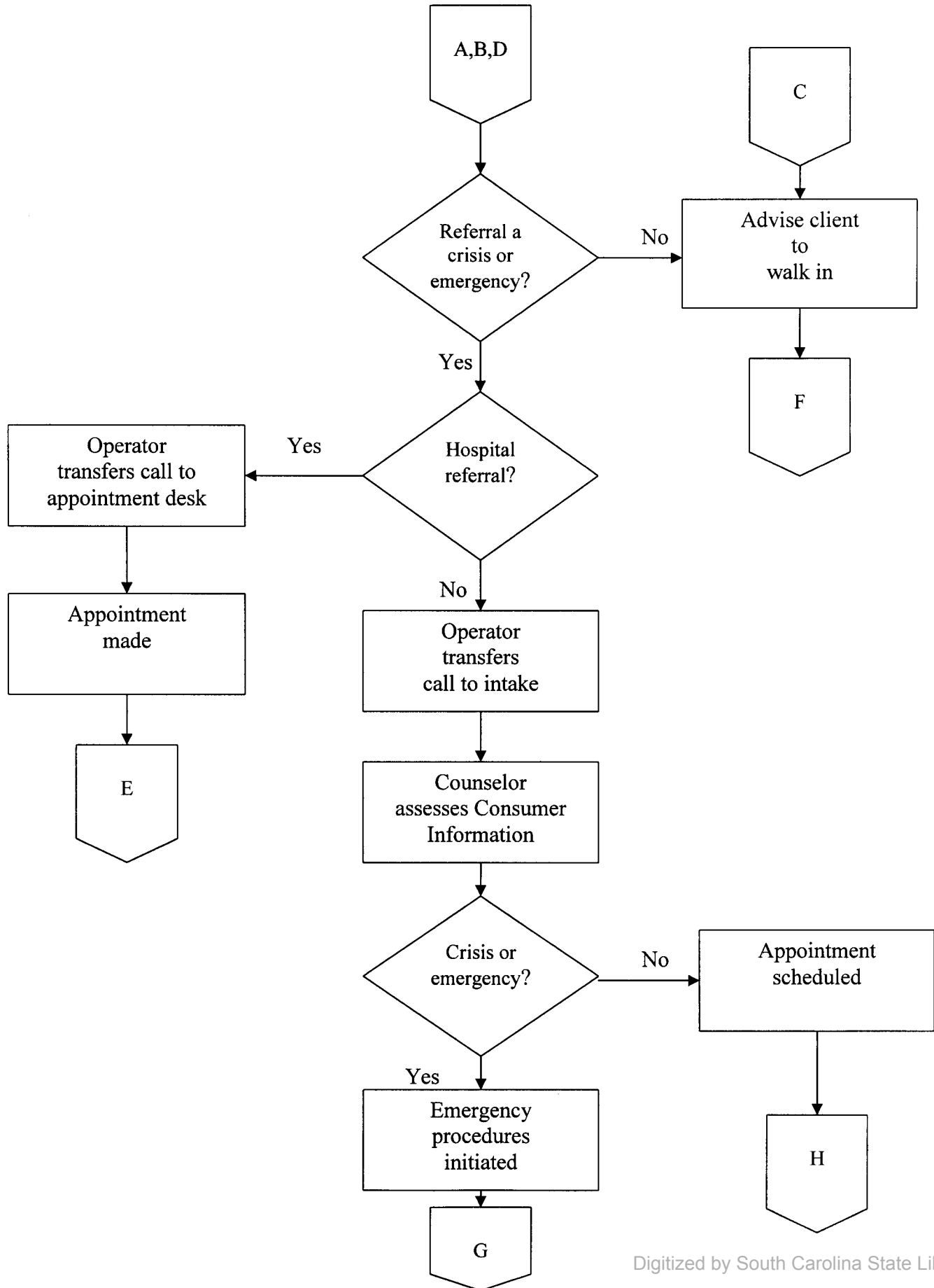
In conclusion, a staff that is cross-trained in providing all appropriate levels of care for the client will help the center to better absorb any employee losses in the clinical area. The process will be more thorough and engaging for the client while providing quicker access to the needed services. The center will directly benefit from an effective utilization of staff time resulting in a reduction of costs by eliminating duplicate information and effort. The clinical staff will be afforded an opportunity to provide the services more efficiently to consumers of mental health services. Ultimately this will permit the client to successfully begin their journey into recovery.

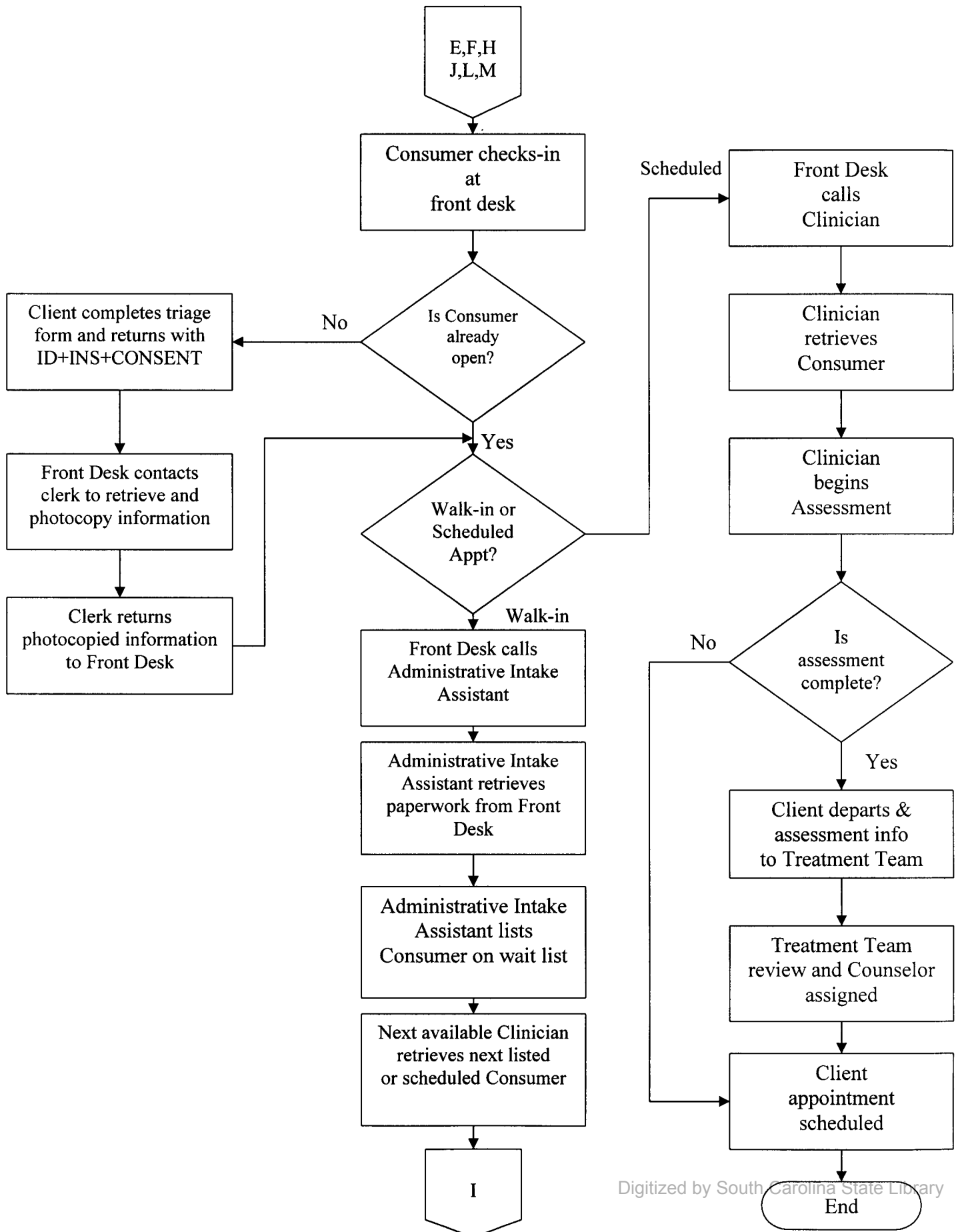
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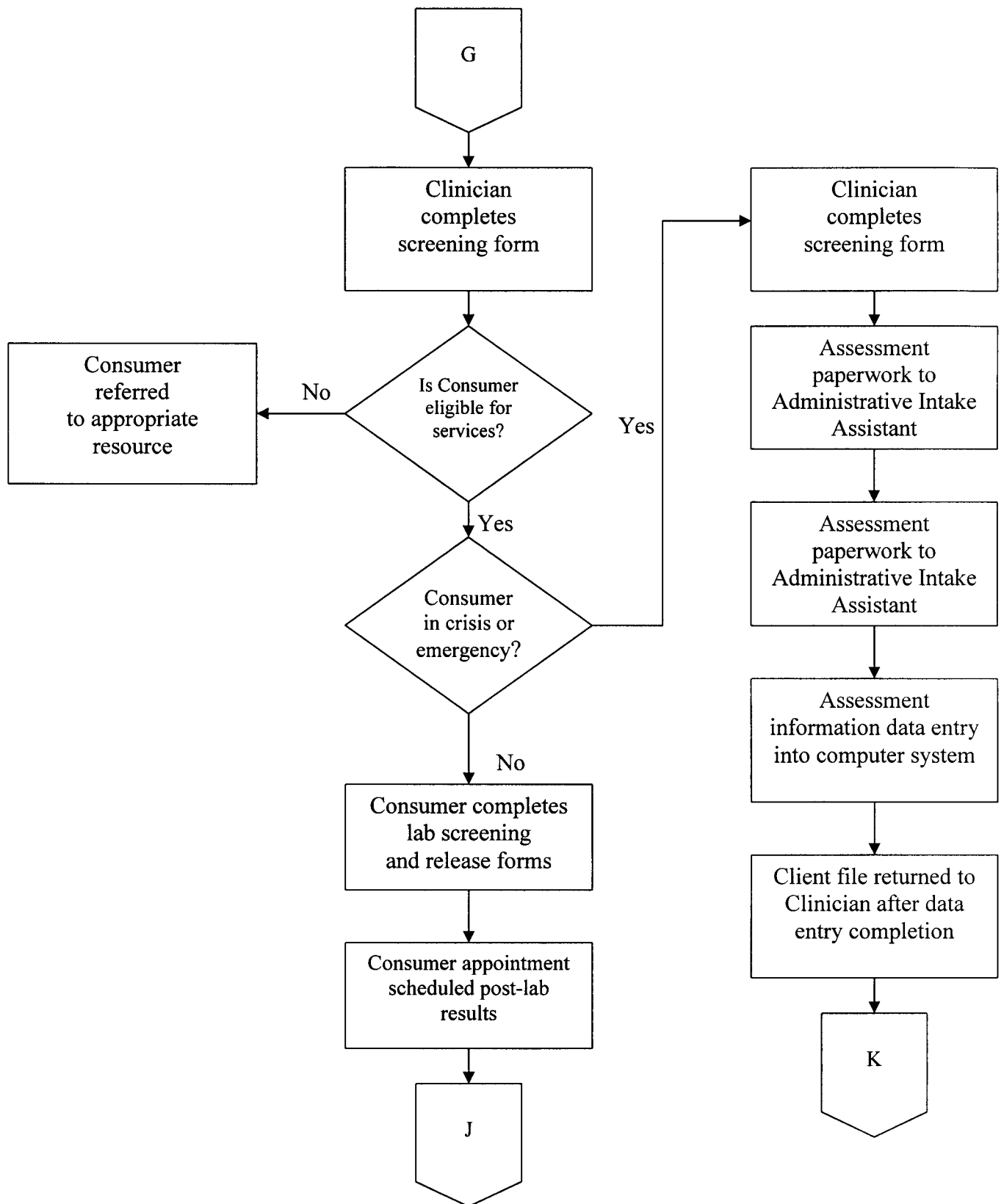
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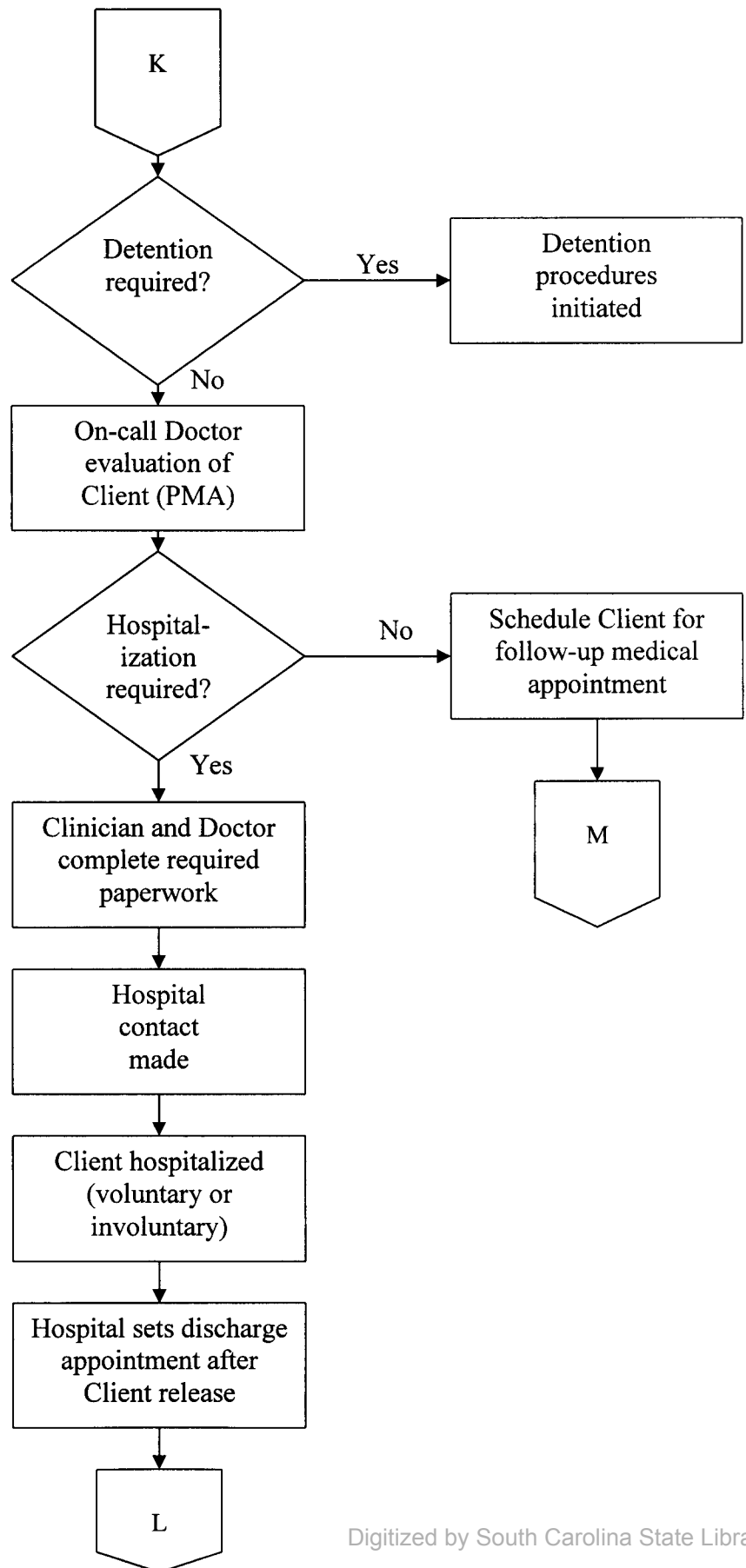
Appendix A











Appendix B

SPARTANBURG AREA MENTAL HEALTH CENTER INTAKE SURVEY

Name (optional) _____

Date _____

Please help us improve our program by answering some questions about the services you received from us. We want your honest opinion. Please answer all questions. Our staff thank you for your help.

Please complete and return to the receptionist.

1. Were you greeted promptly and courteously?
☐ Yes ☐ No
2. Were our billing and insurance policies clear?
☐ Yes ☐ No
3. How long did you have to wait in our reception area?
☐ 1 – 30 minutes ☐ 31 – 60 minutes
☐ 1 -2 hours ☐ 2+ hours
4. Did the assessment staff person allow you time to discuss your problem?
☐ Yes ☐ No
5. If a friend were looking for assistance with a problem, would you recommend this Center based upon your visit today?
☐ Yes ☐ No
6. Are you willing to return for further treatment?
☐ Yes ☐ No
7. Overall, I am satisfied with the services I received.
☐ Yes ☐ No

Comments and Suggestions: _____

Appendix C

Spartanburg Area Mental Health Center

AGENCY NEEDS/SATISFACTION SURVEY

1. How familiar are you with the Mental Health Center in your county (Please check.)

- ____ **A** I know about the services and its location ____ **D** I have heard of it, but that is all
____ **B** I know about the services, but not the location ____ **E** I have never heard of it
____ **C** I know its location, but not the services

If you answered "D" or "E", do not go any further. Please pass on to someone in your agency who is familiar with our services and update the form on the cover letter.

2. Are you satisfied with the services provided by the Mental Health Center in your county?

- A-Very satisfied B-Mostly satisfied C-Indifferent or mildly dissatisfied D-Quite dissatisfied**

Comment: _____

3. How satisfied are you with the consultation/collaboration provided by our staff when you request it?

- A-Very satisfied B-Mostly satisfied C-Indifferent or mildly dissatisfied D-Quite dissatisfied**

Comment: _____

4. How satisfied are you with the staff of the Mental Health Center in your county?

- A-Very satisfied B-Mostly satisfied C-Indifferent or mildly dissatisfied D-Quite dissatisfied**

Comment: _____

5. How satisfied are you with the response of the Center staff to your referrals and emergencies?

- A-Very satisfied B-Mostly satisfied C-Indifferent or mildly dissatisfied D-Quite dissatisfied**

Comment: _____

Appendix C

6. What suggestion do you have for improving our services to your agency?

7. Are there any other comments you would like to make?

If you would like to receive information about Spartanburg Area Mental Health Center, please complete the information below. **(PLEASE PRINT)**

Agency	
Your Name	
Mailing Address	
Phone Number	

What information would you like to receive?

___ I would like to receive information regarding the following services:

___ I would like to receive general information regarding:

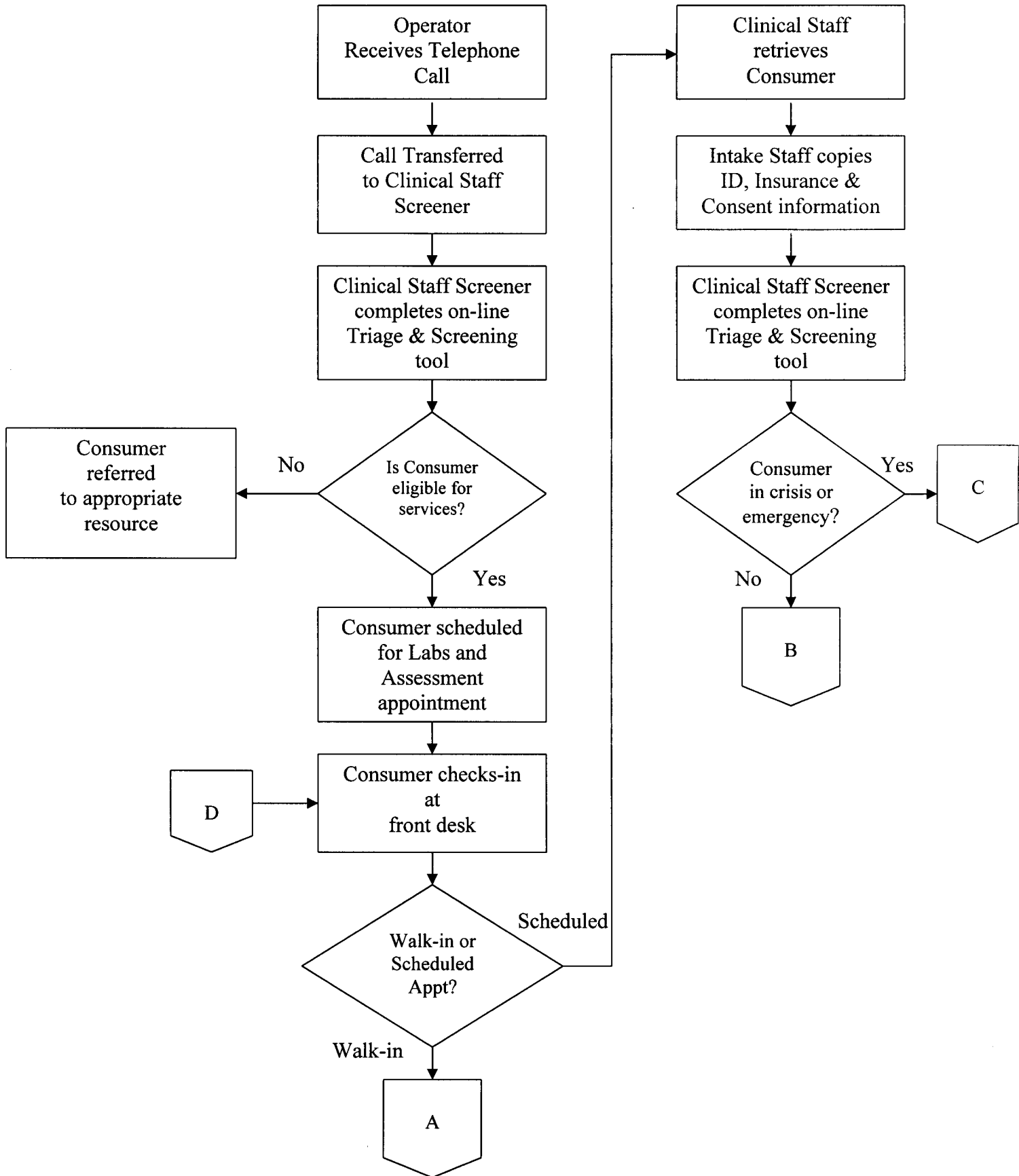
___ Cherokee Mental Health Center

___ Spartanburg Area Mental Health Center

___ Union Mental Health Center

Appendix D

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Appendix D

